WILLOWDALE NURSING & REHABILITATION CENTER

1610 HOOVER STREET

NEW HOLSTEIN 53061 Phone: (920) 898-	-5706	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operat	ion: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03)	: 50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	44	Average Daily Census:	48

Services Provided to Non-Residents		Age, Gender, and Primary Di	-			Length of Stay (12/31/03)	90
Home Health Care		Primary Diagnosis	8	Age Groups	·		11.4
Supp. Home Care-Personal Care	No			I		1 - 4 Years	45.5
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	6.8	·	29.5
Day Services	No	Mental Illness (Org./Psy)	18.2	65 - 74	11.4		
Respite Care	Yes	Mental Illness (Other)	2.3	75 - 84	27.3		86.4
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.7	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.8	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	9.1		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	11.4	65 & Over	93.2		
Transportation	No	Cerebrovascular	13.6			RNs	12.8
Referral Service	No	Diabetes	11.4	Gender	용	LPNs	10.1
Other Services	No	Respiratory	6.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27.3	Male	29.5	Aides, & Orderlies	38.3
Mentally Ill	No			Female	70.5	İ.	
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0	I	
	Yes		100.0				

## Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	3.2	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.3
Skilled Care	4	100.0	303	28	90.3	118	0	0.0	0	9	100.0	142	0	0.0	0	0	0.0	0	41	93.2
Intermediate				2	6.5	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		31	100.0		0	0.0		9	100.0		0	0.0		0	0.0		44	100.0

WILLOWDALE NURSING & REHABILITATION CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	1						
	- 1				% Needing		Total
Percent Admissions from:	- 1	Activities of	%	As	sistance of	% Totally 1	Number of
Private Home/No Home Health	21.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent 1	Residents
Private Home/With Home Health	0.0	Bathing	0.0		54.5	45.5	44
Other Nursing Homes	0.0	Dressing	4.5		77.3	18.2	44
Acute Care Hospitals	74.5	Transferring	18.2		59.1	22.7	44
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.2		59.1	22.7	44
Rehabilitation Hospitals	0.0	Eating	27.3		65.9	6.8	44
Other Locations	3.9	******	*****	*****	*****	*****	******
otal Number of Admissions	51	Continence		용	Special Treatmen	ts	%
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	6.8	Receiving Resp	iratory Care	9.1
Private Home/No Home Health	43.4	Occ/Freq. Incontinen	t of Bladder	79.5	Receiving Trac		2.3
Private Home/With Home Health	3.8	Occ/Freq. Incontinen	t of Bowel	40.9	Receiving Suct	ioning	0.0
Other Nursing Homes	3.8	-			Receiving Osto		0.0
Acute Care Hospitals	11.3	Mobility			Receiving Tube	Feeding	6.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	_	anically Altered Diets	27.3
Rehabilitation Hospitals	0.0				-	-	
Other Locations	5.7 i	Skin Care			Other Resident C	haracteristics	
Deaths	32.1 i	With Pressure Sores		6.8	Have Advance D	irectives	100.0
otal Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	53 i				Receiving Psyc	hoactive Drugs	56.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	******	*****	*****	*****	*****	*****	*****	*****	****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Facility Peer Gr		Peer	Group	Peer	Group	Faci	lities
	%	૪	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	86.2	1.11	87.1	1.10	88.1	1.09	87.4	1.10
Current Residents from In-County	59.1	78.5	0.75	81.0	0.73	82.1	0.72	76.7	0.77
Admissions from In-County, Still Residing	17.6	17.5	1.01	19.8	0.89	20.1	0.88	19.6	0.90
Admissions/Average Daily Census	106.3	195.4	0.54	158.0	0.67	155.7	0.68	141.3	0.75
Discharges/Average Daily Census	110.4	193.0	0.57	157.4	0.70	155.1	0.71	142.5	0.78
Discharges To Private Residence/Average Daily Census	52.1	87.0	0.60	74.2	0.70	68.7	0.76	61.6	0.85
Residents Receiving Skilled Care	95.5	94.4	1.01	94.6	1.01	94.0	1.02	88.1	1.08
Residents Aged 65 and Older	93.2	92.3	1.01	94.7	0.98	92.0	1.01	87.8	1.06
Title 19 (Medicaid) Funded Residents	70.5	60.6	1.16	57.2	1.23	61.7	1.14	65.9	1.07
Private Pay Funded Residents	20.5	20.9	0.98	28.5	0.72	23.7	0.86	21.0	0.98
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	20.5	28.7	0.71	33.8	0.61	35.8	0.57	33.6	0.61
General Medical Service Residents	27.3	24.5	1.11	21.6	1.27	23.1	1.18	20.6	1.33
Impaired ADL (Mean)	55.0	49.1	1.12	48.5	1.13	49.5	1.11	49.4	1.11
Psychological Problems	56.8	54.2	1.05	57.1	1.00	58.2	0.98	57.4	0.99
Nursing Care Required (Mean)	6.5	6.8	0.96	6.7	0.97	6.9	0.95	7.3	0.89